

DO/E0 BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 673114	RECEIPT DATE:	10 / 10 / 00
IA NUMBER:	PCT/ FR99 / 00849	IA FILING DATE:	04 / 12 / 99
FAMILY NAME:	ALARD	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MICHEL	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 10 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	9320.112US#0	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JOHN J GRESENS
 MERCHANT & GOULD
 STREET: PO BOX 2903

CITY: MINNEAPOLIS
 STATE/COUNTRY: MN ZIP: 554020903
 EMAIL:

APPLICATION TITLES:

CELLULAR RADIOTELEPHONE SIGNAL WITH ADDITIONAL CHANNEL ASSIGNED TO DOWNLINK, CORRESPONDING METHOD, SYSTEM, MOBILE AND BASE STATION

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 9339

SERIAL NUMBER 09/673,114	FILING DATE 10/10/2000 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 9320.112USWO
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APPLICANTS

Michel Alard, Paris, FRANCE;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/FR99/00849 04/12/1999 *AS*

** FOREIGN APPLICATIONS *****

FRANCE 98 04883 04/10/1998 *AS*

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 11/20/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AS</i>	Initials		

ADDRESS

23552

TITLE

Cellular, radio signal with additional channel assigned to downlink, corresponding method, system and base station

FILING FEE RECEIVED 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit